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HOSPITAL AND TRAINING SCHOOL ADMINISTRATION

IN CHARGE OF
ALICE SHEPARD GILMAN, R.N.

READJUSTMENT OF TRAINING SCHOOLS AND HOSPITALS¹

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On every side and from every source we hear of the problems of reconstruction and readjustment which hospitals and training schools face to-day. So general is discussion of this subject that one is reminded of a well-known comment, attributed to Mark Twain, that "much is being said about the weather, but very little is being done." We are prolific in discussion, but slow in action and in initiating radical changes.

What is the matter with our training schools? We all state in our circulars, and presumably we all believe, that splendid and unusual opportunities are afforded in the field of nursing to the intelligent, cultured woman who wishes to prepare herself for a life work which is well worth while from the standpoint of personal satisfaction and service. Why is it, then, that training schools offering the opportunity of preparation for such work, with little or no personal expense to the student, are not filled to overflowing with the very best type of woman and student that the country can produce? On the contrary, from every side we hear of the constantly decreasing number of desirable and suitable applicants.

A grave cause for concern and anxiety to those vitally interested in nursing education is the criticism that after three years supposedly spent in actual preparation and training for such work, the graduates of our schools, as a whole, are not adequately prepared for the important work which awaits them. Especially is this true, we are told, in public health work or in executive or administrative lines.

So serious has become adverse criticism concerning the inadequacy of the present method of training nurses, that in the opinion of many of our best thinkers, the whole structure of nursing education is in danger of collapse, unless radical changes are introduced soon in our training schools. Conditions throughout the entire world have changed during the past few years as a result of the world's upheaval during the recent war. Hospitals and training schools need to keep pace with the demands of the day, although to many

¹ Read at a meeting of the New York State Nurses' Association, Brooklyn, October, 1919.

of us actively engaged in training work, it seems as if the necessary changes were never more difficult of accomplishment than at the present time.

One of our greatest difficulties is that produced by the shortage of applicants. In every part of the country, hospital beds are rapidly increasing in numbers; new hospitals are being built and opened for the use of the public, each imbued with the definite desire to establish its own school of nursing, and within established hospitals, each year, more actual nursing service is being required in all departments. Without considering any increase in the number of hospital beds, it is probably safe to estimate that during the last four or five years there has been an increase of from ten to twenty-five per cent. in the amount of nursing work which must or should be performed by nurses, not only in the hospital proper, but also in its special departments such as the dispensary, social service, X-ray, physical therapy, etc.

Any program of expansion, development, and progress, in the training school necessitates a marked increase in the annual expenditures of the hospital, and unfortunately hospitals are already facing greatly increased financial burdens without any immediate prospect of proportionate increase in their income. Because of the fact that the work of the hospital is humanitarian as well as educational in character, the physical welfare and nursing care of sick patients cannot be sacrificed, not even to the education of the nurse; on the other hand, neither can the education and physical fitness of our young student nurses be sacrificed to the needs of the hospital. Some of the most serious problems, then, that seem to be demanding solution are: 1st: What immediate steps shall be taken to improve conditions and methods of training so that our schools will attract student nurses of the right type in sufficient numbers? 2nd: How shall the hospital give adequate nursing care to its patients and at the same time make provision for the proper education of its student nurses? 3rd: Who shall decide what plan of reorganization is best for the training school of to-day? How can such changes be enforced and regulated? 4th: Since, in the last analysis, the proper expansion of nursing education necessitates greatly increased expenditures on the part of the hospital, how shall sufficient funds be secured for such purpose?

Answering question number one, first and most important is the shortening of the long hours of duty of the student nurse. Fortunately, hospitals throughout the country are practically unanimous in recognizing the justice and desirability of this change, and in most cases they are working toward this end with the hope of solving it during the coming year.

Changes should be made in our methods of training so that a three year course of training shall be more distinctly educational and sufficiently broad in scope to prepare nurses to enter the executive field or that of public health nursing. We are doubtless all agreed that no student nurse should find it necessary to spend more than three years in acquiring such training. Many of us are asking ourselves whether in order to give a complete training and also to meet the argument so frequently advanced that nurses, like medical students, should all be trained along the same general lines, it might not be desirable to institute a two year and three or four months' course of training, along carefully arranged general lines, to be taken by every student entering the school, with the regular school diploma awarded at the end of such course,—provision being made for immediate continuation of the work covering an eight months' period for students desiring to prepare themselves for special work. Students intending to do private duty nursing might not desire to take this extra course; undoubtedly all others would.

Should this change be made, we would not be doing what many of us are attempting to do to-day, when we give from three to six months' specialized work to every student in the school, regardless of her ability or fitness for such service or of her expectation or desire to make use of it. The work which is at present considered as special or elective and which is scattered at intervals through a three-year course of training, might be grouped in this post-graduate course.

It is a question whether hospitals might not really profit rather than lose by this apparent reduction of time, as it is a certainty that the more ambitious and desirable type of student would generally elect to continue the last eight months of work in order to secure the extra training and the post-graduate certificate which would carry considerable prestige with it.

We must face the fact that large numbers of the young women entering our schools to-day are doing so for the sole purpose of being prepared for Social Welfare or Public Health work, and it is as unjust to deprive them of the opportunity of preparation for this work as it would be to deprive them of the opportunity of obstetrical or operating room training. The plan of establishing schools on this general basis also suggests the idea that hospitals with special facilities and equipment for elective post-graduate work of value might afford the opportunity of affiliation with smaller, carefully selected schools where such work is not possible, thus affording students from smaller schools the greatly needed opportunity of preparation for special elective work.

The idea of introducing a shortened period of training in addition to an eight-hour day seems a startling one at first sight, but might not such changes help us to solve the problem of the shortage of applicants, and at the same time make it possible to prepare a larger number of nurses for the needs of the public in a shorter period of time? It would certainly help us to maintain standards which promise to be utterly demolished if a general course of training of one year or less for nurses, attendants, or any other group becomes an established practice, without adequate safeguards as to licensing, supervision of training, etc. If the nursing profession does not boldly face the many complex nursing problems which to-day confront us, and if we do not point out logical and satisfactory methods by which such problems may be solved, we may rest assured that others can and will undertake this piece of work for us.

Hospitals and training schools should spare no effort to endorse and participate in the work of publicity concerning nursing education, the necessity for which is being so strongly agitated through the national nursing organizations. The simple statement made in a paper presented by Carolyn Gray at the meeting of the National League in Chicago last June, to the effect that 15,000 students, and possibly more, are needed for the annual enrollment in order to keep up the ranks of the training schools of the country, should be sufficient argument in this matter. Miss Gray's estimate is a most conservative one, as it is a well known fact that not more than 60 or 65 per cent. of all students enrolled for training complete the full course of three years. As the figure presented by Miss Gray of 15,000 students is based upon the number whom we expect to graduate annually from our training schools, her estimate is considerably too low.

Training schools throughout the entire country will undoubtedly be greatly benefited by the survey of all schools of nursing which has been recently undertaken by the American Nurses' Association and the American Red Cross for the purpose of standardization. This survey, if successful, should yield many interesting and significant facts and serve as a basis for many recommendations of greatly needed changes and improvements.

Our second problem is also of a most serious character. How shall hospitals be enabled to give adequate care to their sick patients, while at the same time they give to their student nurses a suitable and satisfactory nursing education and shorter hours?

The answer may be brief. First by employing more graduate nurses on the permanent staff of the hospital, especially on the night force. Second, by the use of paid helpers or hospital maids, one of whom, at least, could be used to good advantage on every large

hospital ward. Third, and I purposely place this suggestion last, by the use of graduate attendants who have been trained in institutions registered for that purpose, and controlled by state law. Until legislation for the control and regulation of this group has been enacted, training schools and hospitals will find the use of attendants a dangerous procedure, and one apt to ultimately work more harm than good. Any attempt to train student nurses and attendants in the same institution must be regarded not only as undesirable, but likely to result in danger and disaster to the training school itself.

Who shall decide what plan of organization is best for the training school of to-day, and how shall such changes be regulated and enforced?

The newly organized American Conference on Hospital Service, which has come into existence during the past year, affords an opportunity for the development of a comprehensive nursing program for the nation, through the combined thought and effort of medical, lay and nursing groups, each of which has hitherto considered the problem independently.

It is but natural that nurses in dealing with this problem should emphasize nursing standards, the details of nursing education and the professional status of nurses. In considering nursing problems from these several points of view, nurses have never felt that they were acting selfishly, but have believed that the control of nursing education and the protection of the rights of the nurse, both as undergraduate and as graduate, are of vital concern to the public.

The physician's point of view has been somewhat different. At the bedside, the nurse is the physician's assistant, and he is therefore interested primarily in obtaining an unlimited supply of faithful assistants ready to perform such tasks as may be assigned them. With the demand for the services of nurses in fields apart from bedside nursing, physicians have not been particularly concerned. Taking what they evidently believed to be their patients' viewpoint, they have generally looked askance at any tendency toward the raising of nursing standards which was likely to be accompanied by an increase in the cost of nursing service. With but few exceptions, physicians have concerned themselves but little with methods of teaching, and have had little sympathy with legislation designed to protect the nurse as well as the public from imposition and fraud. The physician has evidently felt that he was fully qualified to protect his patients by the exercise of his personal judgment in the selection of nurses and bedside attendants; that legislative standards were superfluous; and that the activities of nursing organizations which have promoted protective legislation were more or less pernicious.

(To be continued)